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URIGINAL

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
Life by Parts Parts

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

UNIFORM LIMITED OFFERING EXEMPTION

SECTION 4(6), AND/OR THOMSON

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering

(check if this is an amendment and name has changed, and indicate change.)

Issuance of Class II Units

Filing Under (Check box(es) that a	only): Rule 504	Rule 505	⊠Rule 506	Sectio	n 4(6)	ULOE	
		Rule 303	MKule 300	Sectio	H 4(0)	☐ OLOE	
Type of Filing: New Filing	Amendment						
	A. BAS	SIC IDENTIF	CATION DAT	ГА			
1. Enter the information requeste	d about the issuer	_					
Name of Issuer (check if this	is an amendment and na	ame has chang	ed, and indicat	e change	.)		04031
Straszheim Global Advisors, LLC	·						
Address of Executive Offices	(Number and Str	reet, City, State	, Zip Code)		Telepho	ne Number (In	cluding Area Code)
100 Wilshire Blvd., Suite 940, Los	Angeles, CA 90401				(310)	899-9600	
Address of Principal Business Oper	ations (Number and Stre	et, City, State,	Zip Code)		Telepho	ne Number (In	cluding Area Code)
(if different from Executive Offices) (SAME)						
Brief Description of Business Pro	vider of economic and f	inancial analy	sis and advisor	y service	es		·····
Type of Business Organization							
corporation	limited partnership	, already form	ed	$oxtimes_{ ext{other}}$	(please	specify): limit	ed liability company
business trust	limited partnership	, to be formed					
		Month	Year				
Actual or Estimated Date of Inco:	rporation or Organizatio	on: 1 1	0 3	\boxtimes A	ctual	Estimated	
Jurisdiction of Incorporation or Or	ganization: (Enter two-	letter U.S. Pos	tal Service abb	reviation	for Stat	e; CN for Can	ada; FN for other
foreign jurisdiction) CA							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: **Executive Officer** Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Donald H. Straszheim Business or Residence Address (Number and Street, City, State, Zip Code) 100 Wilshire Blvd., Suite 940, Los Angeles, CA 90401 Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer □ Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Scott Wendelin Business or Residence Address (Number and Street, City, State, Zip Code) 100 Wilshire Blvd., Suite 940, Los Angeles, CA 90401 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: **Executive Officer** Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
Check Box(es) that Apply:	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)									
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)							
		· · · · · · · · · · · · · · · · · · ·							

B. INFORMATION ABOUT OFFERING													
									Yes No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									🗀 🖾				
Answer also in Appendix, Column 2, if filing under ULOE.									A=0 000				
2. What is the minimum investment that will be accepted from any individual?													
3 Doe	s the offer	ing nermi	it ioint ow	nershin of	a single u	nit?							Yes No ⊠ □
				-	_			paid or gi					🖂 🗀
								with sales					
								tered with					
			oker or de orth the in					be listed a	re associa	ited perso	ns of such	a broker	
			if individ		ioi tilat oi	OKCI OI U	carer only.	NONE					
	`	ĺ		,									
Busines	s or Resid	ence Add	ress (Num	ber and St	reet, City.	State, Zir	Code)						
					,,	,,,	,						
Name o	f Associat	ed Broker	or Dealer							***			
States in	Which P	erson List	ted Has Sc	licited or	Intends to	Solicit Pu	ırchasers	,					
(Che	eck "All S	tates" or	check indi-	vidual Sta	tes)	• • • • • • • • • • • • • • • • • • • •				••••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	נאן	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last r	name first,	if individ	ual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name o	f Associat	ed Broker	or Dealer					·			_		
States in	Which P	erson List	ted Has Sc	licited or	Intends to	Solicit Pu	ırchasers						
(Che	eck "All S	tates" or o	check indi	vidual Sta	tes)				• • • • • • • • • • • • • • • • • • • •				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]_	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Dancer Listed Has Solicited or Intend-to Solicit Durchesons													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT] _	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amou already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchang offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ge	
	onorou for oxonange and anousy oxonanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Class II Units)	\$2,000,000	\$1,825,000
	Total	\$2,000,000	\$1,825,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings und Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."	er te	
	Investors	Number of Purchasers	Aggregate Dollar Amount
	Accredited Investors	13	\$1,825,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for a securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (1) months prior to the first sale of securities in this offering. Classify securities by type lists in Part C - Question 1.	2)	
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$ \$
	Rule 504N/A		\$ \$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution the securities in this offering. Excluded amounts relating solely to organization expenses the issuer. The information may be given as subject to future contingencies. If the amou of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	of nt	
	Transfer Agent's Fee		□ \$
	Printing and Engraving Costs	••••••	□ \$
	Legal Fees		⊠\$60,000
	Accounting Fees		□ \$
	Engineering Fees		_\$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify):		□ \$
	Other Expenses (identify)		□ \$
	Total		⊠\$60,000

	Question 1 and total expenses furni	aggregate offering price given in response to Part C - shed in response to Part C - Question 4.a. This eds to the issuer."		\$1,940,000
	be used for each of the purposes she furnish an estimate and check the box	sted gross proceeds to the issuer used or proposed to own. If the amount for any purpose is not known, to the left of the estimate. The total of the payments roceeds to the issuer set forth in response to Part C -		
			Payment to	
	•		Officers, Directors, &	Payments T
	Solaries and face		Affiliates	Others
				□ •
				□ [→]
		stallation of machinery and equipment	•	□ \$
		uildings and facilities	LJ ֆ	□ \$
		luding the value of securities involved in this ange for the assets or securities or another		
		-	🗆 \$	\$
	Repayment of indebtedness		🗆 \$	\$
	Working capital		🗆 \$	∑ \$ <u>1,940,000</u>
	Other (specify):		🔲 \$	□ \$
	#AP-1		_ 🗆 \$	\$
	Column Totals		🗆 \$	⊠ \$ <u>1,940,000</u>
	Total Payments Listed (column to	tals added)		⊠ \$ <u>1,940,000</u>
		D. FEDERAL SIGNATURE		
The iss	uer has duly caused this notice to be	signed by the undersigned duly authorized person. If this	s notice is filed under	Rule 505, the
followi	ng signature constitutes an undertakir	ng by the issuer to furnish to the U.S. Securities and E by the issuer to any non-accredited investor pursuant to pa	xchange Commission	, upon written
Issuer (Print or Type)	Signature D	ate: June <u>3</u> , 200	
	cheim Global Advisors, LLC	held Man	ate: 9 une <u>5</u> , 200	7
	f Signer (Print or Type)	Title of Signer (Print or Type)		
	d H. Straszheim	President		
		ATTENTION		
Intent	ional misstatements or omissi	ons of facts constitute federal criminal violat	ions. (See 18 U.S	.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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